

10- R -0115

Entered - 12/2/09 - sb  
CL - 09L0965 - Angelena Kelly

Claim of: Thad Persons  
37 East Drive  
Atlanta, GA 30305

JAN 19 2010

For damages alleged to have been sustained as a result of the replacement of a water meter on October 12, 2009 at 37 East Drive.

THIS ADVERSED REPORT IS APPROVED

BY:

  
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

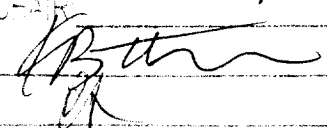
## ADVERSE REPORT

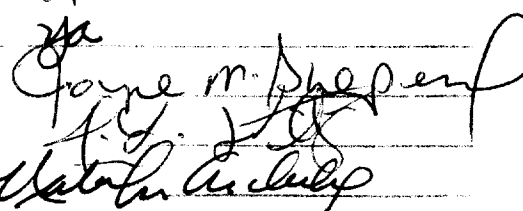
PUBLIC SAFETY &

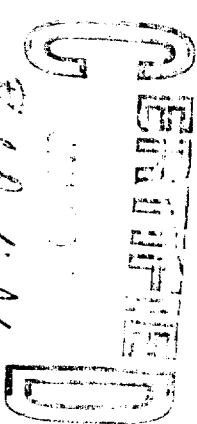
LEGAL ADMINISTRATION COMMITTEE

DATE 1/12/10

CHAIR



  
Gary M. Shepherd  
f.g. j. st  
Walter A. Smith

  
City of Atlanta  
Angelena Kelly  
Administrative Clerk

ADVERSED BY  
CITY COUNCIL  
JAN 19 2010

**CITY COUNCIL  
ATLANTA, GEORGIA**

January 29, 2010

Mr. Chad Persons  
37 East Drive  
Atlanta, Georgia 30305

**10-R-0115**

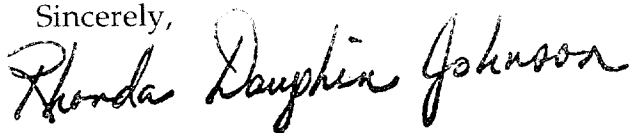
Dear **Mr. Persons**

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on January 19, 2010. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Sincerely,

A handwritten signature in black ink that reads "Rhonda Dauphin Johnson". The signature is written in a cursive, flowing style.

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

**cc: Claims Division/Law Department**

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0965

Date: December 16, 2009

Claimant /Victim: Thad Persons  
BY:(Atty)(Ins. Co.) \_\_\_\_\_  
Address: 37 East Drive, Atlanta, GA 30305  
Subrogation: X Claim for Property damage \$ 300.00 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 11/12/09 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence: 10/12/09 Place: 37 East Drive  
Department: Watershed Management Bureau: Drinking Water Office: \_\_\_\_\_  
Employee involved: \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges that their irrigation line was cut during the installation of a water meter. The investigation determined that a contractor working on behalf of the city performed the meter installation. The claim has been tendered to the contractor for handling pursuant to the written agreement. The claimant has been advised of this action.


### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

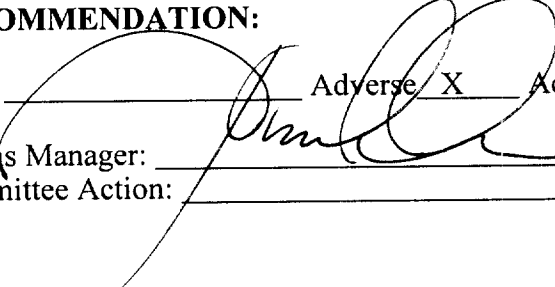
### BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial X  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_  
City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ANGELENA KELLY

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: General Fund \_\_\_\_\_ Water & Sewer \_\_\_\_\_ Aviation \_\_\_\_\_  
Claims Manager:  Concur/date 12/21/09  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, SW  
Atlanta, Georgia 30303

RECEIVED  
OFFICE OF  
MUNICIPAL CLERK  
RECEIVED FOR DAMAGES  
NOV 12 2009

Today's Date: NOV 12 2009

ENTERED - 12-2-09 - SB  
09L0965 - A. KELLY

kelly  
4423709  
R

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 300.00 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 10/12/2009 2. Time of incident: APRX 8AM 3. Police called: NO  
4. Location of incident (including street address): 37 EAST DRIVE ATLANTA, GA 30305  
5. Name of your insurance company: AMERICAN Policy No. HX 006 338 13  
6. State what and how incident occurred: BURST PIPE AT NEWLY INSTALLED CITY OF ATLANTA WATER METER

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle.

Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months from the date of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

HAD PERSONS  
(Print Claimant's Name)

37 EAST DRIVE  
(Address)

ATLANTA, GA 30305  
(City, State and Zip Code)

404 367-7910  
(Work Number)

404-422-3132  
(Home Number)

10- R -0115

RCS# 17  
1/19/10  
1:54 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

10-R-0145

ADOPT EXCEPT

YEAS: 14  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 1  
EXCUSED: 0  
ABSENT 1

Y Smith	Y Archibong	Y Moore	Y Bond
Y Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	Y Willis
B Winslow	Y Adrean	Y Sheperd	NV Mitchell

CONSENT I